



Client No. 2036	Client Name OH MATERIALS	Location 1004 OSWEGO ST UTICA NY	Date 7/15/87		
Facility Equipment	Detex Clock Weapon No.	Holster Nightstick	Raincoat Flashlight	Other Two GATE KEYS - LOG BOOK - RADIO	
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) GEORGE, JOHN D		Officer—Swing Shift (Name) BRAD WALKER	Officer—Grave Shift (Name) DICK HOKOSZKI
Shift Began 8 AM-PM Ended 4 AM-PM		Shift Began 4 AM-PM Ended 12 AM-PM		Shift Began 12M AM-PM Ended 8 AM-PM	
Observations or actions taken		Observations or actions taken		Observations or actions taken	
Rounds or stations missed		Rounds or stations missed		Rounds or stations missed	
Unlocked doors, gates or windows		Unlocked doors, gates or windows		Unlocked doors, gates or windows	
Unlocked vaults or safes		Unlocked vaults or safes		Unlocked vaults or safes	
Fire-smoke-or hazards		Fire-smoke-or hazards		Fire-smoke-or hazards	
1. Extinguishers missing or defective		1. Extinguishers missing or defective		1. Extinguishers missing or defective	
2. Sprinkler system defective		2. Sprinkler system defective		2. Sprinkler system defective	
3. Fire doors or exits blocked		3. Fire doors or exits blocked		3. Fire doors or exits blocked	
4. Rubbish accumulation		4. Rubbish accumulation		4. Rubbish accumulation	
5. Motors running		5. Motors running		5. Motors running	
6. Lights left burning		6. Lights left burning		6. Lights left burning	
Injury hazards		Injury hazards		Injury hazards	
Visitors		Visitors		Visitors	
Trespassing		Trespassing		Trespassing	
Violation of company rules		Violation of company rules		Violation of company rules	
Remarks ON SITE 0819 OFF SITE 0829					

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.

1. Were you injured during this tour?	Day Shift Yes <input checked="" type="radio"/> No <input type="radio"/>	1	Yes	No	2	Yes	No	3	Swing Shift Yes <input checked="" type="radio"/> No <input type="radio"/>	1	Yes	No	2	Yes	No	3	Grave Shift Yes <input checked="" type="radio"/> No <input type="radio"/>	1	Yes	No	2	Yes	No	3
2. Did you suffer any illness?	Yes <input checked="" type="radio"/> No <input type="radio"/>		Yes	No		Yes	No		Yes <input checked="" type="radio"/> No <input type="radio"/>		Yes	No		Yes	No		Yes <input checked="" type="radio"/> No <input type="radio"/>		Yes	No		Yes	No	
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="radio"/> No <input type="radio"/>		Yes	No		Yes	No		Yes <input checked="" type="radio"/> No <input type="radio"/>		Yes	No		Yes	No		Yes <input checked="" type="radio"/> No <input type="radio"/>		Yes	No		Yes	No	
Signatures		1		2		3		Signatures		1		2		3		Signatures		1		2		3		
Signatures		1		2		3		Signatures		1		2		3		Signatures		1		2		3		
Signatures		1		2		3		Signatures		1		2		3		Signatures		1		2		3		

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